

SECTION 21 - SOP INFORMATION AND REVIEW PROCEDURES.

I. GENERAL.

Clinic Standard Operation Procedures (SOP) should address the following areas and *how they differ from or how they specifically implement* the policies and procedures described in the Hospital Infection Control Manual in the area.

II. SPECIFIC.

A. Employee Health.

1. A list of activities performed in each area; categorized by job title; detailing the employee's activities that place the employee at risk for Occupational Safety and Health Administration (OSHA) Category 1 exposures is found in the BBP ECP section of this manual. Supervisor must review and date annually (OSHA requirement) on the signature page.

2. Responsible individual(s) reporting communicable disease or suspected nosocomial infection on the nursing unit or in the clinic.

3. How monitoring of employee immunization status is accomplished.

B. Hand Antisepsis. Locations of sinks and running water and types of soap in use on the unit.

C. Isolation/Aseptic Technique.

1. How specific patients are segregated on the unit/in the clinic.

2. Specific procedures requiring aseptic technique.

D. Decontamination and Sterilization activities.

1. Location of clean and dirty utility areas.

2. Types of instrument processing performed

E. Storage and maintenance of sterile supplies.

F. Housekeeping activities

1. Responsible parties for housekeeping activities in the area.

2. Schedule for specific duties

3. Linen control.

SECTION 21 - SOP INFORMATION AND REVIEW PROCEDURES, continued

G. Disinfectant agents used on surfaces or patient article decontamination.

1. Infectious waste management in the area.

a. List specific types of regulated medical waste generated

b. List of safety sharps devices in use in the unit.

H. Visitor and traffic control in the area.

I. Responsibility for the reporting of nosocomial infections (*especially those followed in clinic post hospitalization*).

J. The SOP review is continuous. The SOP should be read frequently and formally reviewed at least annually by the supervisory staff. The front-page cover sheet will be signed every year to document this has been done.

1. Updates and revisions are made as practice and policy changes are directed by state, federal, and Army agencies or other scientific literature. Either the Nurse Executive Committee or the Hospital PI Committee - depending on the type of issue, will approve policy changes.

2. Mandatory revision every two years is not required. Practice should match the written policy. Notify the HICO if a change needs to be made to your department's unit SOP.